



**Call-n-Ride**  
101 Monroe Street, 5<sup>th</sup> Floor  
Rockville, MD 20850

**Call-n-Ride APPLICATION**

Call-n-Ride is a transportation assistance program for income eligible residents of Montgomery County, who are 67 and older, or persons age 18 and older with mental or physical disabilities.

The following questions determine your program eligibility. To apply for this program, please complete both sides of this confidential application and return it along with all required documentation to the address below. Each applicant must fill out a separate application.

**PLEASE PRINT:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ How many family members live in your household? \_\_\_\_\_

Is this a group home, nursing home, assisted living home, retirement home, etc? ☐ YES ☐ NO

1. **RESIDENCY AND AGE:** You must reside in Montgomery County. Please send proof of current address in Montgomery County: (Copy of a rental agreement, copy of a property tax bill or deed, copy of a utility bill with your name and current address, copy of a Social Security Award letter with your name and current address, copy of a Montgomery County Social Services letter with your name and current address, or a copy of a Maryland Driver's License (or Maryland Identification Card from the MVA) with your current address.

**\*\* NOTE:** If you do NOT have ANY of the proofs of residency as listed above, Montgomery County **REQUIRES** that you get a Maryland Identification Card which is available through the Motor Vehicle Administration (MVA). \*\*

You must submit proof of age with the application. (Copy of Birth Certificate, Maryland Driver's License or Maryland Identification Card from the MVA).

2. **INCOME:** Please submit proof of income for all members of your household with this application. Proof of income must be a copy of all household income tax returns, Social Security checks, Social Security award letters, pension letters, annuity statements, SSI, job earnings, bank statements to show interest, dividend payments, or IRA distributions. etc.

2A. Do you currently receive SSI (Supplemental Security Income), GPA (General Public Assistance), or Food Stamps? ☐ YES ☐ NO

2B. If **YES** to 2A, you must submit a letter of proof from the agency from which you receive assistance and skip to Question #3.

2C. If NO to 2A, what is your gross monthly income from all sources? \$ \_\_\_\_\_. You must submit a notarized letter or a letter on agency letterhead from the provider.

3. **RESPONSIBLE PARTY:** Who will be handling and ordering the coupon program? Please check one:

\_\_\_\_\_ The participant will directly order and handle coupons themselves.

\_\_\_\_\_ The following person will order and handle coupons and should be contacted if there are any questions regarding the participant's use of the service:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ TELEPHONE: \_\_\_\_\_

4. **DISABILITY:** DO YOU CURRENTLY HAVE A MENTAL OR PHYSICAL DISABILITY?

Please Answer: \_\_\_\_\_ YES \_\_\_\_\_ NO. If YES, All applicable disability forms **MUST** be completed by Licensed Professional Physician. (Forms enclosed).

5. **STATISTICAL SURVEY:** The following questions provide statistical information for program evaluation. Please

answer the following questions:

4A. Are you able to utilize Metro Bus or Ride-On Bus? \_\_\_\_\_ YES \_\_\_\_\_ NO

4B. If not, how do these services not meet your needs? \_\_\_\_\_

\_\_\_\_\_

6. **TRANSPORTATION:** How many times per month do you require transportation? \_\_\_\_\_

5A. Do you currently receive transportation services from any agency or service provider (i.e., City of Rockville, Jewish Council for Aging, Spanish-Speaking Community of Maryland, Special Transportation, Metro Access, etc.)? \_\_\_\_\_ YES \_\_\_\_\_ NO

5B. If yes, please specify: \_\_\_\_\_

7. **PHOTO FOR Call-n-Ride SWIPE CARD:** You must include a recent photograph of yourself with this application.

**FOR DETAILS, PLEASE REFER TO THE Call-n-Ride PHOTOGRAPH INSTRUCTIONS ATTACHMENT, ENCLOSED WITH THIS APPLICATION.**

The information provided by me is confidential and is to be used only to determine my eligibility to participate in the Call-n-Ride Program. I certify that all information contained on this form is true and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*For questions please contact Connect-A-Ride at 301-738-3252 or the MC 311 Call Center by dialing 311.*